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## BIB DATA SHEET

CONFIRMATION NO. 4980

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/798,048	03/11/2004	705	3686	32093-2		
<b>RULE</b>						
<b>APPLICANTS</b> David J. Blair, Fishers, IN;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/453,657 03/11/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/27/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /VIVEK D KOPPIKAR/ Examiner's Signature	<input type="checkbox"/> Met after Allowance VK Initials	<b>STATE OR COUNTRY</b>  IN	<b>SHEETS DRAWINGS</b>  2	<b>TOTAL CLAIMS</b>  22	<b>INDEPENDENT CLAIMS</b>  4
<b>ADDRESS</b>  Woodard, Emhardt, Moriarty, McNett & Henry LLP Bank One Center/Tower Suite 3700 111 Monument Circle Indianapolis, IN 46205-5137 UNITED STATES						
<b>TITLE</b>  Patient compliance and follow-up techniques						
<b>FILING FEE RECEIVED</b>  446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		